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	DHANAMANJURI UNIVERSITY ADHANAMANJURI UNIVERSITY MANIPUR Imphal 795001, Manipur, India													Affix recent passport size photograph an self attest across it							
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	To be (Use separate for (Please read the instruc	m f	or ea	ach p	oost.	Inc	:om	plet	e ap	plic	atio	n w	ill no	t be	e en				· m)		
1.	Advertisement no. :]		F	Post	Со	de:						
2.	Post Applied for:																				
3.	Name of the applicant (in blo	ock)	:]
4.	Father's name		:							. <u> </u>											
5.	Mother's name	1	:																		
6.	Date of birth: (dd/mm/yyyy))		dd/	mm	l/yy	ууу	7	7.	F	Relig	jion	:								
8.	Sex	1	:	Ma	le	F	em	ale		Ot	her	s									
9.	Whether belongs to ST/SC/OBC/PWD (If yes, enclosed of	certi	ificate	e as j	ber g	iovei	rnm	ent d	of Ind	dia	guid	eline	rs)							_	
10.	Application fee:																				
	RTGS/NEFT details	Ba	nk N	lam	е			E	Banl	ĸВ	rand	ch			A	\mo	unt	(Rs.)		
	(Please enclose copy of proof of the	e pa	ymei	nt)																	
11.	Marital Status	:																			
12.	Nationality	:																			
13.	Address for correspondence	:																			
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14.	Permanent Address			te																	
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15.	State of Domicile	:																			
16.	Mobile No.	:																	-		
17.	Email Address	:																			

(A) Academic Qualifications:

(HSLC onwards, please attach attested copies of certificates & mark sheets in the same order)

Examination Passed	Board/ University	Year of Passing	Division	Subjects	% of marks

(B) Professional/ Service Experience

(Give particulars in descending order starting with the present post)

Name of the employer (Please	Post held	Last basis pay drawn with	Per	iod	Nature of		
indicate whether Govt./Quasi Govt. / Autonomous/Private		pay scale	From	to	assignment		

Declaration: I hereby declare that the information furnished above is true to the best of my knowledge and belief. I understand if at any time it is found that I have concealed any information or have given any incorrect date, my candidature/appointment may be cancelled/terminated without any notice or compensation.

Place: Date:

(Signature of the Applicant)